04/04/2011 18:34

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES ATTENTION: MARY ANN ROUSE ADDRESS (number and street) 1000 BLYTHE BOULEVARD Check if different than previously **CHARLOTTE** NC 28203 2861 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00423871 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 03 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Ann Rouse Type or Print Name of Treasurer Electronically Filed by Mary Ann Rouse 04 04 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 24

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

F	eport Covering the Period: From:	01 2011	To: 0 3 3 1 2 0 1 1
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2011 Y Y Y		153922.58
	(b) Cash on Hand at Begining of Reporting Period	153922.58	
	(c) Total Receipts (from Line 19)	20228.50	20228.50
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	174151.08	174151.08
7.	Total Disbursements (from Line 31)	3513.47	3513.47
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170637.61	170637.61
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 24

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

м м 0 1 <sup>D</sup> 01

Y Y W Y 2011

та.

м м

<sup>D</sup> 31

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ions (other than loans) From:  viduals/Persons Other		
	n Political Committees Itemized (use Schedule A)	12067.06	12067.06
(ii)	Unitemized	5624.02	5624.02
	TOTAL (add Lines 11(a)(i) and (ii)	17691.08	17691.08
(b) Polit	ical Party Committees	0.00	0.00
(suc	er Political Committees th as PACs) Il Contributions (add Lines	0.00	0.00
	a)(iii),(b) and (c)) (Carry als to Line 33, page 5)	17691.08	17691.08
	s From Affiliated/Other	0.00	0.00
3. All Loans	Received	0.00	0.00
	payments Received To Operating Expenditures	0.00	0.00
(Carry To	Rebates, etc.) otals to Line 37, page 5) of Contributions Made	0.00	0.00
	al candidates and Other Committees	2500.00	2500.00
	deral Receipts ls, Interest, etc.)	37.42	37.42
8. Transfers	s from Non-Federal and Levin Funds		
` '	Federal Account  n Schedule H3)	0.00	0.00
(b) Levin	Funds (from Schedule H5)	0.00	0.00
(c) Total	Transfer (add 18(a) and 18(b)).	0.00	0.00
	eipts (add Lines 11(d), 4, 15, 16, 17, and 18(c))	20228.50	20228.50
	eral Receipts Line 18(c) from Line 19)	20228.50	20228.50

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	13.47	13.47
	Expenditures(c) Total Operating Expenditures	10.47	10.47
	(add 21(a)(i), (a)(ii) and (b))	13.47	13.47
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	3500.00	3500.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) redetal State		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,	2512.47	2512.47
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3513.47	3513.47
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	3513.47	3513.47

### **DETAILED SUMMARY PAGE**

of Disbursements

5 / 24

	III. Net Contributions/Operating	COLUMN A	COLUMN B
	Expenditures	Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17691.08	17691.08
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17691.08	17691.08
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13.47	13.47
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	13.47	13.47

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one)    X   11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial)  Pamela M Beckwith  Mailing Address 1709 Rosebank Lan  City  Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General  Other (specify)	State Zip Code NC 28226  C Occupation ADMIN Aggregate Year-to-Date  333.34	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Pamela M Beckwith  Mailing Address 1709 Rosebank Lan  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)		Date of Receipt  M M M / D D / 2011  Transaction ID: SA11AI.8176  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Roa  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State Zip Code NC 28270  C  Occupation PHYS  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)	433.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check only one)
\ \ \	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.  B HEALTHCARE SYSTEM EMPLOYEES
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue	#413	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State Zip Code NC 28203	Transaction ID: SA11AI.8038  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General	Occupation ADMIN Aggregate Year-to-Date	Payroll Deduction \$416.67 monthly
– В.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Paul S Franz  Mailing Address 1320 Fillmore Avenue	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Transaction ID: SA11AI.8107	
	Charlotte  FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period 416.67
	Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General	Occupation ADMIN  Aggregate Year-to-Date	Payroll Deduction \$416.67 monthly
	Other (specify)	83	3.34
- C.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.8170
	Charlotte  FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period 416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼	0.01
Γ			1250.01

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mand and and	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
. ∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman	Date of Receipt		
	Mailing Address 8221 Buena Vista Dri	0 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.8086
	<u>Denver</u>	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$250 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman	Date of Receipt		
	Mailing Address 8221 Buena Vista Drive			0 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: SA11AI.8149		
	<u>Denver</u>	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN		n	Payroll Deduction \$250 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date <b>V</b>	
	Primary X General Other (specify) ▼		500.00	
_ ;.	Full Name (Last, First, Middle Initial) Ms. Suzanne H Freeman			Date of Receipt
	Mailing Address 8221 Buena Vista Drive			03 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.8212
	Denver	NC	28037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$250 monthly
	Receipt For: 2011	Aggregate	e Year-to-Date ▼	_
	Primary X General Other (specify) ▼		750.00	
				750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HO FED PAC	the name and addr	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek I City Charlotte FEC ID number of contributing	State NC	Zip Code 28226	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	Occupation ADMIN Aggregate	Year-to-Date ▼ 416.67	Payroll Deduction \$416.67 monthly
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar  Mailing Address 4625 Cotton Creek I  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State NC C Occupation ADMIN	Zip Code 28226  Year-to-Date ▼ 833.34	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar  Mailing Address 4625 Cotton Creek I  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer CarolinasHealthCareSystem  Receipt For: 2011 Primary X General Other (specify)	State NC C Occupation ADMIN	Zip Code 28226  Year-to-Date ▼ 1250.01	Date of Receipt  M M O O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional	)		1250.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 24 (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO	d Statements may not be sold or used by any personal the name and address of any political committee to SPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.
FED PAC  Full Name (Last, First, Middle Initial)  Henry C Hawthorne  Mailing Address 1310 James B White  City  Whiteville  FEC ID number of contributing federal political committee.  Name of Employer Carolinas Health Care System  Receipt For: 2011  Primary X General	e Hwy N  State Zip Code NC 28472  C  Occupation ADMIN  Aggregate Year-to-Date  250.02	Date of Receipt  0 3 0 1 2 0 1 1  Transaction ID: SA11AI.8169  Amount of Each Receipt this Period  83.34  Payroll Deduction \$83.34  monthly
Full Name (Last, First, Middle Initial) Laurence C Hinsdale Mailing Address 7117 Stirewalt Road  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General Other (specify)	0 0 0 0 0 0 0 0	Date of Receipt  M M M O 3 2 0 1 1  Transaction ID: SA11AI.8078  Amount of Each Receipt this Period  250.09  Payroll Deduction \$250.09  monthly
Full Name (Last, First, Middle Initial) Laurence C Hinsdale  Mailing Address 7117 Stirewalt Road  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General  Other (specify)	State Zip Code NC 28027  C Occupation ADMIN Aggregate Year-to-Date   500.18	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)	)	583.52

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 24 (check only one)  X 11a 11b 11c 12  13 14 15 16	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to IOSPITAL AUTHORITY/CAROLINAS HEALT	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Laurence C Hinsdale Mailing Address 7117 Stirewalt Ro  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Carolinas HealthCare Syst-	State Zip Code NC 28027  C Occupation ADMIN	Date of Receipt    M M	
em Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼  750.27		
James C Hunter	Mailing Address 1525 Kenilworth Ave #106		
Charlotte  FEC ID number of contributing federal political committee.	NC 28203	Transaction ID: SA11AI.8110  Amount of Each Receipt this Period  166.67  Payroll Deduction \$166.67	
Name of Employer CarolinasHealthCareSystem  Receipt For: 2011  Primary X General  Other (specify) ▼	Occupation ADMIN  Aggregate Year-to-Date   333.34	monthly	
Full Name (Last, First, Middle Initial) James C Hunter Mailing Address 1525 Kenilworth A	James C Hunter		
City	State Zip Code	0 3 0 1 2 0 1 1 Transaction ID: SA11AI.8173	
Charlotte  FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period  166.67	
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly	
Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01		
SUBTOTAL of Receipts This Page (option	nal)	583.43	

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one)  X 11a 11b 11c 12  13 14 15 16 16
or for commercial purposes, o	other than using the name and a (In Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.  THCARE SYSTEM EMPLOYEES
Full Name (Last, First, Mid Mr. Frank S Letherby Mailing Address 5234 I	,		Date of Receipt  0 3
City Charlotte	State NC	Zip Code 28270	Transaction ID: SA11AI.8192 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			83.34
Name of Employer CarolinasHealthCareSyste  Receipt For: 201  Primary X G  Other (specify) ▼	ADMIN	te Year-to-Date ▼ 250.02	Payroll Deduction \$83.34 monthly
Full Name (Last, First, Mid Mr. W. Spencer Lilly Mailing Address 9306 (	<u> </u>	Date of Receipt  0 3 0 1 2 0 1 1	
City	State	Transaction ID: SA11AI.8215	
Huntersville	NC	28078	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			83.34
Name of Employer CarolinasHealthCareSyste	ADIVIN		Payroll Deduction \$83.34 monthly
Receipt For: 201 Primary X G Other (specify)		te Year-to-Date ▼ 250.02	
Full Name (Last, First, Mid Carol A Lovin	ddle Initial)		Date of Receipt
	Conservatory Lane	03 / 01 / Y Y Y Y Y	
City <u>Charlotte</u>	State NC	Zip Code 28210	Transaction ID: SA11AI.8202
FEC ID number of contrib federal political committee	uting	20210	Amount of Each Receipt this Period 83.34
	Name of Employer Occupation CarolinasHealthCareSystem ADMIN		Payroll Deduction \$83.34 monthly
Receipt For: 201  Primary X G  Other (specify) ▼	1 Aggrega	te Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts Thi	s Page (optional)	1	250.02

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13/24   (check only one)
Any in	nformation copied from such Reports and Star commercial purposes, other than using the r	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
) C	AME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPI ED PAC			
	ull Name (Last, First, Middle Initial)			Date of Receipt
_	ailing Address 3617 Charolais Lane			M M / D D / Y Y Y Y
Ci	ity	State	Zip Code	0 1 0 3 2 0 1 1 Transaction ID: SA11AI.8058
	Jarrisburg	NC	28075	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na C	ame of Employer arolinasHealthCareSystem	Occupation ADMIN	n	Payroll Deduction
Re	eceipt For: 2011 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James T McDeavitt			Date of Receipt	
Mailing Address 826 Berkeley Avenue			02 01 7 2011	
City State Zip Code Charlotte NC 28203			Zip Code	Transaction ID: SA11AI.8150
FE	EC ID number of contributing deral political committee.	C	20203	Amount of Each Receipt this Period  166.67
Carolinac Hoalth Caro System		Occupation ADMIN	n	Payroll Deduction \$166.67 monthly
Re	eceipt For: 2011 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 333.34	
	Lull Name (Last, First, Middle Initial) Ir. James T McDeavitt			Date of Receipt
Mailing Address 826 Berkeley Avenue			0 3 0 1 2 0 1 1	
	ity	State	Zip Code	Transaction ID: SA11Al.8213
_	Charlotte	NC	28203	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		166.67
Name of Employer CarolinasHealthCareSystem Occupation ADMIN		n	Payroll Deduction \$166.67 monthly	
Re	eceipt For: 2011 Primary X General	Aggregate	Year-to-Date ▼	,
	Other (specify)		500.01	
	BTOTAL of Receipts This Page (optional)			833.34

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one)    X   11a
or for com	mercial purposes, other than using the OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.  THCARE SYSTEM EMPLOYEES
Full Na Mr. Jam	me (Last, First, Middle Initial) nes C Olsen Address 5900 Summerston Pla	ace		Date of Receipt  O 3
City <u>Charlo</u>	otte	State NC	Zip Code 28277	Transaction ID: SA11AI.8195  Amount of Each Receipt this Period
	number of contributing political committee.	C		100.00
Receip	of Employer lasHealthCareSystem  It For: 2011  Primary X General  Other (specify)	Occupatio ADMIN Aggregate	e Year-to-Date ▼ 300.00	Payroll Deduction \$100 mo- nthly
Mr. Jos	me (Last, First, Middle Initial) eph G Piemont Address 2028 Hopedale Avenu	ıe		Date of Receipt  0 1 0 3 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.8046
<u>Charlo</u>	otte	NC	28207	Amount of Each Receipt this Period
	number of contributing political committee.	C		400.00
Name o Carolin	of Employer asHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$400 mo- nthly
	t For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	me (Last, First, Middle Initial) eph G Piemont			Date of Receipt
Mailing	Address 2028 Hopedale Avenu	ıe		02 01 2011
City		State	Zip Code	Transaction ID: SA11AI.8115
	number of contributing political committee.	NC C	28207	Amount of Each Receipt this Period 400.00
Name o Carolin	of Employer asHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$400 monthly
	t For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
SUBTOT	<b>AL</b> of Receipts This Page (optional) .	1		900.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	_	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 24 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
,	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSIFED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
۷.	Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont			Date of Receipt
	Mailing Address 2028 Hopedale Avenu	ie		03 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.8178
	Charlotte  FEC ID number of contributing federal political committee.	NC C	28207	Amount of Each Receipt this Period 400.00
	Name of Employer CarolinasHealthCareSystem	Occupatio	n	Payroll Deduction \$400 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	ADMIN Aggregate	e Year-to-Date ▼ 1200.00	
- 3.	Full Name (Last, First, Middle Initial)  Debra Plousha Moore  Mailing Address 6935 Conservatory La	ane		Date of Receipt
	City	State	Zip Code	0 1 0 3 2 0 1 1 Transaction ID: SA11AI.8072
	<u>Charlotte</u>	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN	n	Payroll Deduction \$250 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Debra Plousha Moore			Date of Receipt
	Mailing Address 6935 Conservatory La	ane		0 2 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8138
	<u>Charlotte</u>	NC	28210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00  Payroll Deduction \$250 mo-
	Name of Employer Carolinas HealthCare Syst- em	Occupatio ADMIN		nthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 24 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	SPITAL AUTH	IORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
Α.	Full Name (Last, First, Middle Initial) Debra Plousha Moore			Date of Receipt
	Mailing Address 6935 Conservatory L	ane		03 / 01 / 2011
	City <u>C</u> harlotte	State NC	Zip Code 28210	Transaction ID: SA11AI.8201  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolinas HealthCare Syst- em	Occupation ADMIN	on	Payroll Deduction \$250 monthly
	Receipt For: 2011 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) Thomas J Pulliam Mailing Address 1105 Fawnbrook Roa	ad		Date of Receipt
			Zin Codo	02 01 2011
	City Lewisville	State NC	Zip Code 27023	Transaction ID: SA11AI.8102  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	on	Payroll Deduction \$200 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
- C.	Full Name (Last, First, Middle Initial) Thomas J Pulliam			Date of Receipt
	Mailing Address 1105 Fawnbrook Roa	ad		03 01 2011
	City Lewisville	State NC	Zip Code	Transaction ID: SA11AI.8165
	FEC ID number of contributing federal political committee.	C	27023	Amount of Each Receipt this Period  200.00
	Name of Employer CarolinasHealthCareSystem	Occupation PHYS	on	Payroll Deduction \$200 mo- nthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			650.00
	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC	e name and add	ress of any political committee t	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Roger A Ray  Mailing Address 11029 Lederer Ave			Date of Receipt  O 1  D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.8031
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		333.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$333.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.34	
	Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave	<u> </u>		Date of Receipt
	21:	<b></b>		02 01 2011
	City Charlotte	State NC	Zip Code 28277	Transaction ID: SA11AI.8101  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20277	333.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$333.34 monthly
	Receipt For: 2011 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 666.68	
	Full Name (Last, First, Middle Initial) Mr. Roger A Ray Mailing Address 11029 Lederer Ave			Date of Receipt
	City	State	Zip Code	0 3 0 1 2 0 1 1 Transaction ID: SA11Al.8164
	<u>Charlotte</u>	NC NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		333.34
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN		Payroll Deduction \$333.34 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.02	
Γ.	SUBTOTAL of Receipts This Page (optional) .	1		1000.02

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one)    X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS FED PAC	PITAL AUTH	ORITY/CAROLINAS HEALT	THCARE SYSTEM EMPLOYEES
∠ A.	Full Name (Last, First, Middle Initial) Daniel W Sweat			Date of Receipt
	Mailing Address 133 Twin Lake Drive			03 / 01 / Y Y Y Y Y Y Y
	City Shelby	State NC	Zip Code 28152	Transaction ID: SA11AI.8171  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20132	100.00
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$100 mo- nthly
	Receipt For: 2011  Primary X General  Other (specify) ▼		Year-to-Date ▼ 300.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 2137 Dilworth Road E			Date of Receipt
	Ivialing Address 2137 DilWorth Road E	01 03 7 2011		
	City	State	Zip Code	Transaction ID: SA11AI.8040
	Charlotte  FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period 416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.67	
_ ).	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
	Mailing Address 2137 Dilworth Road E	East		0 2 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8109
	Charlotte  FEC ID number of contributing federal political committee.	C	28203	Amount of Each Receipt this Period 416.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$416.67 monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼	<del>-                                    </del>	e Year-to-Date ▼ 833.34	
Γ	SUBTOTAL of Receipts This Page (optional)	l		933.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 24 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HO FED PAC	OSPITAL AUTHO	ORITY/CAROLINAS HEALT	HCARE SYSTEM EMPLOYEES
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater			Date of Receipt
Mailing Address 2137 Dilworth Road	d East		03 01 YYYY 2011
City	State	Zip Code	Transaction ID: SA11AI.8172
Charlotte	NC	28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	1	Payroll Deduction \$416.67 monthly
Receipt For: 2011	Aggregate	Year-to-Date ▼	
Primary X General Other (specify) ▼	0 0	1250.01	
Full Name (Last, First, Middle Initial) Joan Thomas			Date of Receipt
Mailing Address 230 Summermore	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8049
Charlotte	NC	28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$250 monthly
Receipt For: 2011 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Joan Thomas			Date of Receipt
Mailing Address 230 Summermore	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8118
Charlotte	NC	28270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Administr		Payroll Deduction \$250 monthly
Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		916.67

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 24 (check only one)    X
(	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  CHARLOTTE-MECKLENBURG HOS	he name and add	dress of any political committee to	o solicit contributions from such committee.
∠ <b>.</b> .	FED PAC  Full Name (Last, First, Middle Initial)  Joan Thomas  Mailing Address 230 Summermore D	rive		Date of Receipt  0 3 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8181
	Charlotte FEC ID number of contributing federal political committee.	C	28270	Amount of Each Receipt this Period 250.00
	Name of Employer Carolinas HealthCare System  Receipt For: 2011  Primary X General  Other (specify)	Occupatio Administ Aggregate		Payroll Deduction \$250 monthly
_	Full Name (Last, First, Middle Initial) Mr. Robert H Wiggins Mailing Address 6417 Seton House L	ane		Date of Receipt  0 3 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8198
	Charlotte	NC	28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Payroll Deduction \$83.34
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	monthly
	Receipt For: 2011  Primary X General  Other (specify) ▼		e Year-to-Date ▼ 250.02	
_	Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones Mailing Address 5522 Challis View La	ane		Date of Receipt  0 2 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.8159
	Charlotte  FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period  166.67
	Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
	Receipt For: 2011 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.34	
	SUBTOTAL of Receipts This Page (optional)	1		500.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 24   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI FED PAC		•	
Full Name (Last, First, Middle Initial) Ms. Phyllis Wingate-Jones			Date of Receipt
Mailing Address 5522 Challis View Lar	пе		03 01 2011
City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.8222  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20220	166.67
Name of Employer CarolinasHealthCareSystem	Occupatio ADMIN	n	Payroll Deduction \$166.67 monthly
Receipt For: 2011  Primary X General  Other (specify) ▼	<del>-                                     </del>	e Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Jean Wright			Date of Receipt
Mailing Address 8636 Carly Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mint Hill	State NC	Zip Code 28227	Transaction ID: SA11AI.8214  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Carolinas Healthcare Syst- em	Occupatio Physicia		Payroll Deduction \$83.34 monthly
Receipt For: 2011 Primary X General Other (specify)	<del>, ' ' '                               </del>	Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Zachary Zapack			Date of Receipt
Mailing Address 1800 Camden Road			0 3 0 1 2 0 1 1
City Charlotte	State NC	Zip Code 28203	Transaction ID: SA11AI.8163
FEC ID number of contributing federal political committee.	C	20203	Amount of Each Receipt this Period 83.34
Name of Employer Carolinas HealthCare Syst- em	Occupatio Administ		Payroll Deduction \$83.34 monthly
Receipt For: 2011  Primary X General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional) .	1		333.35
,			12067.06

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 24 (check only one)  11a 11b 11c 12 13 14 15 X 16 17		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any person ame and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT FED PAC	AL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES		
Full Name (Last, First, Middle Initial) Heath Shuler for Congress		Date of Receipt		
Mailing Address PO Box 8446 951 Old Fairview Road		02 18 2011		
City	State Zip Code	Transaction ID: SA16.8236		
Asheville	NC 28803	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	<b>C</b> C00413393	2500.00		
Name of Employer	Occupation			
Receipt For: 2010  X Primary General  Other (specify)	Aggregate Year-to-Date ▼ 2500.00			

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	2500.00

		3 (FEC Form 3)	y Use s	separate schedule(	2)   -	NUMBER: PAGE 23 / 24
IT	EMIZED DIS	SBURSEMENT		ich category of the led Summary Page	(check only 21b 27	y one) 22   X   23   24   25   28a   28b   28c   29   1
						for the purpose of soliciting contributions licit contributions from such committee
	NAME OF COM	MITTEE (In Full)				CARE SYSTEM EMPLOYEES
•	,	First, Middle Initial) Elect Thom Tillis				Transaction ID: SB23.8231 Date of Disbursement
	Mailing Address	17209 Green Dop	ohin Lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y & Y \\ Y & Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y & Y & Y \\ Y & Y \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	City Cornelius		State NC	Zip Code 28031		Amount of Each Disbursement this Period
	Purpose of Disbu	rsement			011	4000.00
		Elect Thom Tillis	Disbursement Fo	or: 2012	Category/ Type	
	Office Sought: State:	House Senate President District:	X Primar			
	Full Name (Last,	First, Middle Initial)				Transaction ID: SB23.8305
	John Spratt for					Date of Disbursement  0 3
	Mailing Address	PO BOX 636				03 31 2011
	City ANNANDALE		State VA	Zip Code 22003		Amount of Each Disbursement this Period
	Purpose of Disbu check voided - sto	rsement op payment placed			011	-2500.00
	Candidate Name				Category/ Type	
	Office Sought:	Senate President	Disbursement Fo X Primar Other (			
	State: SC Full Name (Last,	District: 05 First, Middle Initial)				Transaction ID: SB23.8307
	Killian for North	. ,				Date of Disbursement
	Mailing Address 16703 ANsley Walk Lane					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} $
	City Charlotte		State NC	Zip Code 28277	_	Amount of Each Disbursement this Period
	Purpose of Disbursement check voided Candidate Name			011 Category/ Type		-500.00
	Office Sought:	Senate President	Disbursement Fo			
	State:	District:				
		oursements This Page (				1000.00

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SCHEDULE B (FEC Form 3X)	Han arrayata ashadula(a) FO	R LINE NUMBER:	PAGE 24/24		
ITEMIZED DISBURSEMENTS		eck only one)  21b	24		
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL FED PAC	AUTHORITY/CAROLINAS HE	EALTHCARE SYSTEM EM	PLOYEES		
Full Name (Last, First, Middle Initial) Mulvaney for Congress  Mailing Address PO BOX 1975		Transaction ID: S Date of Disburseme			
	State Zip Code SC 29721		bursement this Period 2500.00		
Candidate Name Mulvaney for Congress	Catego Typo	,			
President	nent For: 2012 Primary General Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<b>•</b>	3500.00